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02/05/2004

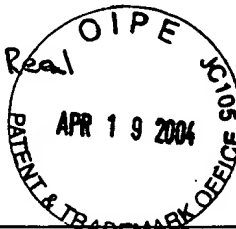
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| | |
|---------------------|--------------------|
| Teri Barnett | (Depositor's name) |
| <i>Teri Barnett</i> | (Signature) |
| April 16, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/934,989 | 08/21/2001 | Michael H.B. Stowell | 06618-045002 | 8355 |

TITLE OF INVENTION: ENCAPSULATION OF LIPID VESICLES, LIPID MEMBRANES AND PROTEINS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-------------|-----------------|------------------|------------|
| nonprovisional | NO YES | \$1330 3665 | \$300 | \$1630 3965 | 05/05/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| MULLIS, JEFFREY C | 1711 | 264-004100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

California Institute of Technology

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pasadena, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☒ government

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only

(Authorized Signature) (Date)

Scott C. Harris

4/16/04

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04/21/2004 HAL122 00000023 09934989

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

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